

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90008 031 ***150.00

DOCUMENT # 656667

1. Entity Name
DANIA FARMS, INC.



Principal Place of Business
**704 NO.FEDERAL HIGHWAY
DANIA, FL 33004**

Mailing Address
**704 NO.FEDERAL HIGHWAY
DANIA, FL 33004**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2051361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COAN, JOHN
704 NORTH FEDERAL HIGHWAY
DANIA, FL 33004**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAW, E. CLAY, JR.
STREET ADDRESS	704 N FEDERAL HWY
CITY-ST-ZIP	DANIA, FL

TITLE	STD
NAME	SHAW, JOHN L.
STREET ADDRESS	704 N FEDERAL HWY
CITY-ST-ZIP	DANIA, FL

TITLE	VP
NAME	COAN, JOHN R.
STREET ADDRESS	704 N. FEDERAL HWY
CITY-ST-ZIP	DANIA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an Address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. COAN

3/31/04

Date

954-922-2322

Daytime Phone